



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	23122-1203
First Named Inventor	Douglas F. Kelly, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	New /
Filing Date	Herewith
Art Unit	N/A
Examiner Name	N/A

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROCESSING ELECTRONIC FINANCIAL TRANSACTIONS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

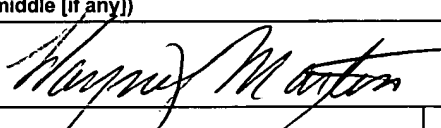
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Mark Schildkraut, Reg. No. 43,092			
Address Kaye Scholer LLP 425 Park Avenue			
City New York	State New York	ZIP 10022	
Country US	Telephone (212) 836 - 8653	Fax (212) 836 - 8689	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Kelly		Family Name or Surname Douglas F.	
Inventor's Signature <i>Douglas F Kelly</i>		Date <i>2/18/04</i>	
Residence: City Jamesport	State NY	Country US	Citizenship US
Mailing Address P. O. Box 1350, 1810 Main Road			
City Jamesport	State NY	ZIP 11947	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Martin		Family Name Wayne or Surname	
Inventor's Signature		Date	
Residence: City Coral Springs	State FL	Country US	Citizenship US
Mailing Address 12748 N. W. 13th Manor			
City Coral Springs	State NY	ZIP 33071	Country US
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/>		Correspondence address below	
<b>Name</b> Mark Schildkraut, Reg. No. 43,092							
<b>Address</b> Kaye Scholer LLP 425 Park Avenue							
<b>City</b> New York				<b>State</b> New York		<b>ZIP</b> 10022	
<b>Country</b> US			<b>Telephone</b> (212) 836 - 8653			<b>Fax</b> (212) 836 - 8689	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> Kelly (first and middle [if any])				<b>Family Name</b> Douglas F. or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b> Jamesport		<b>State</b> NY		<b>Country</b> US		<b>Citizenship</b> US	
<b>Mailing Address</b> P. O. Box 1350, 1810 Main Road							
<b>City</b> Jamesport		<b>State</b> NY		<b>ZIP</b> 11947		<b>Country</b> US	
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> Martin (first and middle [if any])				<b>Family Name</b> Wayne or Surname			
<b>Inventor's Signature</b> 						<b>Date</b> 2-4-04	
<b>Residence: City</b> Coral Springs		<b>State</b> FL		<b>Country</b> US		<b>Citizenship</b> US	
<b>Mailing Address</b> 12748 N. W. 13th Manor							
<b>City</b> Coral Springs		<b>State</b> NY		<b>ZIP</b> 33071		<b>Country</b> US	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							